

PC SCAN

FILED

12/18/2019

PJ

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Plaintiff

Pedro Orozco

v.

Defendants:

Matchunis, ARCE
Sheriff's

18cv2409

Case # 2409

Judge: Charles R. Norgle

Motion for Attorney Representation

Now comes Plaintiff Pedro Orozco # K-58570 respectfully requesting this court to grant this motion for attorney representation for reasons stated:

1. Lack of education
2. Lack of civil knowledge
3. Plaintiff is diagnosed with mental health disorders
4. Plaintiff is prescribed multiple medications, which makes it hard to comprehend at times.
5. See case, Linda Reed Plaintiff Appellant v. State of Illinois et al, Defendants-Appellees No. 14-1745. United States Court of Appeals, Seventh Circuit, Argued Sept 21, 2015 Decided Oct 30, 2015 Amended Dec 11 2015
6. Plaintiff made more than one attempt to get a lawyer, and was denied all attempts
7. Defendants lawyer refuses to reward Plaintiff with reasonable offer during conversations about damages
8. Plaintiff made more than three attempts to agree with ~~settling~~ settling with defendants.
9. Defendants lawyer hasn't handed over requested documents during ~~more~~ interrogatories.

Adhd hasn't answered any of Plaintiff's questions.

10. Defendants lawyers refuses to keep constant communication and also refuses to keep open, Negotiation.
11. See exhibits 1 - 14 to support claim.
12. Plaintiff Needs help in getting ready for summary judgement ^{or and possible trial.}

For the reasons stated, Plaintiff is respectfully requesting for this motion for attorney representation, to be granted.

Respectfully Submitted,

Pedro Orozco #58570

ILLINOIS DEPARTMENT OF CORRECTIONS
EVALUATION OF SUICIDE POTENTIAL

Lawrence

Date: 4-4-18

Facility

Offender Name: OP0200, Pedro Last, First, MI ID #: K5F570 DOB: 1-27-78

12. Does the offender express thoughts of killing him or herself?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
13. Does the offender have a plan for suicide?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• If yes, describe:		
14. Does the offender have the means to carry out a suicide plan?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
15. Does the offender have a family member or significant other who has attempted or completed suicide?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• If yes,		
What is the persons relationship to the offender?	<u>Brother - Hey. Kinsel</u>	
Identify the date and method of the attempted or completed suicide:	<u>16 years ago</u> <u>"drown"</u>	

Calculate the total number of yes/no responses in each column: Yes 6 No 9

Section II: Protective Factors

1. Does the offender have a spiritual or cultural opposition to suicide?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. Does the offender display a positive future orientation or a sense of hope?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Does the offender have an active, positive support system that includes family, spouse, friends or community ties?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4. Does the offender appear to have good impulse control?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Is the offender a caretaker or does he or she have a sense of responsibility to family or children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Is the offender able to identify multiple effective coping or problem solving skills?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Is the offender compliant with psychotropic medications (self-report)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8. Other? (identify): _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Calculate the total number of yes/no responses in each column: Yes 5 No 2

Section III: Summary

• TOTAL NUMBER OF RISK FACTORS (FROM SECTION I): 6

If the number of affirmative responses is greater than five, the offender should be reviewed for crisis watch and referred for a mental health evaluation.

• TOTAL NUMBER OF RISK FACTORS (FROM SECTION II): 5

The number of affirmative protective factors should be taken into consideration when reviewing for crisis watch.

Illinois Department of Corrections

Mental Health Progress Note

Lawrence Correctional Center

Facility

Session Date: 4-6-2018

Time: 12:06pm

Session Duration: 20 min

Offender Name: (Last, First) Orozco, Pedro

ID Number: K58570

Part I: Offender Information

Level of Care: General/Outpatient Special/Residential Treatment Unit Crisis Placement Inpatient

MSR: _____ Discharge: _____

Check all that apply: Designated SMI Designated GBMI On Enforced Medication None No face-to-face contact occurred
(If checked, skip Brief Mental Status Evaluation section, document information in Part III) Completed by Behavioral Health Technician
(If checked, skip Brief Mental Status Evaluation section, document information in Part III)

Part II: Brief Mental Status Evaluation

Level of Cooperation: Cooperative Guarded/Suspicious Hostile UncooperativeOrientation: OX3 (Time, place, person) OX _____ (list) _____ DisorientedAffect: Unremarkable Constricted Blunt/Inexpressive Flat LabileAppearance: Appropriately Groomed Disheveled Poor HygieneThought Process: Clear/Coherent Circumstantial Tangential Perseveration
 Loose Association Word Salad/Incoherent Thought Blocking

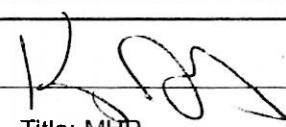
Part III: S.O.A.P. Note

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem;

A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

S: MHP contact in Segregation Soothing Room per Offender Requests "Someone is trying to break into my cell at night and kill me", "can you follow through with that single cell request we talked about?". Patient reported that he had previously spoken to an MHP and was told Mental Health could get him assigned as single cell. MHP advised Patient that he was mistaken. MHP advised Patient that some offenders are designated Predator or Vulnerable by Mental Health but those are designated related to sexual issues and do not necessarily create a single cell designation for an offender. Patient reported feeling unsafe from physical aggression from others related to his charges. Patient reported that he has spoken to IA about the situation. Patient reported that he continues to refuse housing if cellmates are placed with him. Patient reported he is concerned that if he has a cellmate he will hurt the cellmate to protect himself. We discussed the concepts of control and worry. MHP advised Patient to take one day at a time and keep an open mind, as not all offenders have an underlying goal of hurting him. Patient became frustrated and stated that "Mental Health is not helping me". MHP explained to Patient that the role of MHP is not to change the world to suit the needs of the Patient, but to assist the Patient in managing their own emotions and behaviors in relation to the events in his world. Patient reported not thoughts of self-harm, SI, and HI and reported that he felt the session helped some and was ready to return to his cell.

Clinician Name (Print): Kelly J. Gay, MSW, LCSW

Signature: 

Facility: Lawrence Correctional Center

Title: MHP

#3

ILLINOIS DEPARTMENT OF CORRECTIONS
EVALUATION OF SUICIDE POTENTIAL

Lawrence

Date:

Facility

4-4-18

Offender Name: OROZCO, Pedro Last, First, MI ID #: K58570 DOB: 1-2-7-78

Section I: Risk Factors

1. Have there been reports that the offender may be at risk for suicide? Yes No
2. Has the offender experienced a significant loss within the previous six months? Yes No
• If yes, describe:
3. Is the offender worried about any major problems other than his or her legal situation? Yes No
• If yes, describe:

Housing
4. If the offender holds a position of respect in the community, is he or she having difficulty adjusting to the loss of freedom, status or privilege? Yes No
5. Is this the offenders first involvement with the legal system? Yes No
• If yes, describe:
6. Does the offender appear to feel unusually embarrassed or ashamed? Yes No
7. Does the offender express feelings of hopelessness or helplessness? Yes No
8. Does the offender show signs of depression (i.e. crying, emotional flatness, etc.)? Yes No
• If yes, describe:
9. Does the offender seem overly anxious, afraid, or angry? Yes No
• If yes, describe:

always
10. Is the offender acting or talking in a strange manner (e.g. cannot focus his or her attention, hallucinating, etc.)? Yes No
• If yes, describe:

He's scratchy noises
and a down bed
11. Has the offender made previous suicide attempts? Yes No
• If yes,
How many attempts have been made previously? _____
Date and method of the most recent suicide attempt:

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Illinois Department of Corrections

Mental Health Evaluation

Lawrence

Facility

Date: August 17, 2017

Offender Name:

Last, First, M.I. Orozco, Pedro

ID Number: K58570

D.O.B.: 1/27/78

Stable on medication

DSM Diagnosis (Use current DSM formatting guidelines):

Disposition (Check one):

General Outpatient Unit
 Medical Referral

Special/Residential Treatment Unit Crisis Placement Inpatient Referral

Evaluation completed by:

Teresa Boose ACSW, LCSW, CAD

Print Name



Signature

MHP

8/17/17

Title

Date

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Illinois Department of Corrections

Mental Health Evaluation

Lawrence

Facility

Date: August 17, 2017

Offender Name:

Last, First, M.I. Orozco, Pedro

ID Number: K58570

D.O.B.: 1/27/78

Is the offender able to ignore the voices? No Yes N/ADoes the offender obey the voices? No Yes

What does the offender do to make the voices go away? N/A

Does the offender report having a history of strange, odd, or very peculiar things happening to him or her?

Note offender comments: None

Does the offender report unusual visual perceptions? No Yes *If feigning or exaggeration of symptoms is suspected, ask appropriate questions and report in narrative summary.*Historian: Very reliable Fairly reliable Fair/Poor Inconsistent Unreliable ***Narrative Summary and Diagnostic Impressions****(Provide evidence to support diagnosis and any relevant social concerns that contribute to the overall clinical picture. Include current risk assessment, including homicidal thinking, impulse control, inside and judgment.)*

PTSD - Chronic

Bipolar I vs II

Illinois Department of Corrections

Psychiatric Diagnostic Evaluation

Date: August 25, 2017

Facility _____ Lawrence Correctional Center

Offender Name:

Last, First Orozco, Pedro

ID Number: K58570

D.O.B. _____

Explain:

Affect: Euthymic Dysthymic Hyperthymic Anxious Angry Irritable Manic
 Appropriate Inappropriate Full range Constricted Other _____

Cognition: Above average Average Below average Unable to evaluate due to: _____

Offender description of his or her mood:

"real edgy"

Other observations:

If feigning or exaggeration of symptoms is suspected, ask appropriate questions and report in narrative summary.

16. Historical Reliability: Reliable Fairly reliable Unreliable Other _____

17. Narrative Summary and Diagnostic Impressions

(Provide evidence to support diagnosis and any relevant social concerns that contribute to the overall clinical picture. Include current risk assessment, including homicidal thinking, impulse control, insight and judgment, historical reliability, reason for diagnostic change or psychotropic medication changes or dosage changes.)

IM w/ bipolar disorder and PTSD reports ongoing sx. but has not been fully compliant with meds. He requested for all meds to be moved to S. He also request to be on Risperdal due to SE. Will also prescribed Effexor ER to help maintain stability. Safety plan was discussed and he was aware of the availability of MHP. IM will be monitor for need to adjust medication.

IM and Mental Health Provider completed treatment plan (doc 0284) and reviewed consent for treatment, goals of treatment, limits of confidentiality, duty to warn, and other things pertaining to treatment and private information.

18. DSM Psychiatric Diagnosis

unspecified bipolar d/o

PTSD

stimulant and cannabis use d/o

Modified Global Assessment 60 **to** 70

Based upon diagnosis, Modified GAF and need for supportive services, Offender is designated SMI Yes No *Complaints* *Seriously Mentally Ill*

19. Psychiatric Plan

AIMS completed today (if necessary) AIMS to be done by RN (if necessary) AIMS not necessary

Labs CMP BMP CBC+Plts Thyroid Profile Lithium Carbamazepine

VPA Lipid Profile BP/P A1C EKG Abd Circumference Weight

Other: _____



Illinois Department of Corrections

Psychiatric Diagnostic Evaluation

Date: August 25, 2017

Facility Lawrence Correctional Center

Offender Name:

Last, First Orozco, Pedro

ID Number: K58570

D.O.B. _____

Start Time: see log

Signature of Person Completing This Form: **Jack Yen**Digitally signed by Jack Yen
Date: 2017.08.25 06:00:37 -07'00'Allergies or Medication Sensitivities? Yes No List, including reaction: Tegretol-hivesGender: Male Female Transgendered Other (identify): _____Race: White/Caucasian African American Hispanic Asian
 American Indian Other (identify): _____Need for Interpreter? Yes No If yes, language: _____Telepsychiatry Onsite Evaluation Is this the offender's first incarceration in prison? Yes No

Number of times the offender has been incarcerated: 7-8x

Number of years the offender has spent incarcerated (lifetime): >1/2 of his life Parole Violation: Yes No

Current Holding Offense(s): Armed robbery, 14 yr @50%, 09/2022

Source of information: Offender Medical Record Jail Record
 (Check all that apply) Other (identify): _____
 Mental Health Evaluation dated: 7-27-17, 8-8-17

1. Chief complaint:

-take

2. History of Present Illness:

39 y/o IM w/ bipolar d/o and PTSD

-reported long h/o childhood physical, emotional, and sexual abuse by family

-sx: not trusting others, impulsive, irritability

-has SE related to VPA including alopecia and wt. gain

-per MAR, has been refusing AM meds x 2; requesting for meds to be given at HS

-continue to report ongoing irritability

-h/o poor output Rx compliance, was not on meds PTD

3. CURRENT PSYCHOTROPIC MEDICATIONS: None MAR reviewed: Yes No Is offender currently prescribed Involuntary Psychotropic Medication(s)? Yes No

If yes, indicate which psychotropic medications are currently involuntary.

Medication (name, dose, schedule)	Explain	
Depakote 500mg BID Buspar 15mg BID Effexor 187.5mg QAM	<input type="checkbox"/> Continues to be effective <input checked="" type="checkbox"/> Somewhat effective <input type="checkbox"/> Not currently effective	
	<input type="checkbox"/> Compliant with medication <input type="checkbox"/> Not currently compliant with this medication <input checked="" type="checkbox"/> Refused 2 doses _____ days	
Side-effects	Explain	
EPS <input type="checkbox"/> TD None <input type="checkbox"/> Other:		

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Illinois Department of Corrections

Psychiatric Progress Note

Date: September 5, 2018

Facility LAW

Offender Name:

Last, First, M.I. Orozco, PedroID Number: K58570D.O.B.: 1/27/1978

Directly observed therapy with thorough mouth checks due to HX of: _____

Crush/float all Psychotropics due to Hx of non-compliance Hx of hoarding medications

Other: _____

Offender has been given a copy of the Psychotropic Medication Information brochure.

I have verbally reviewed any medication changes, side-effects, risks and benefits of treatment or refusing treatment with the offender.

Offender's psychiatric condition is considered chronic and he/she has been psychiatrically stable on the same psychotropic medication(s) at the same dose and has not been on crisis watch for the past 60 days.

MTP modified today as a result of: Diagnosis change/addition Psychiatric decompensation
 Psychotropic medication dosage/usage: _____
 Other: _____

Recommended Disposition (Level of Care): Continue Refer to: Transfer to:
 Outpatient Level of Care Residential Treatment Unit Inpatient Crisis

Resultant Visit Type: Unchanged from Scheduled Visit Type Changed from Scheduled Visit Type

If Resultant Visit Type has changed from Scheduled Visit Type, explain the reason for the change: _____

14. MEDICATION ORDERS

	Medication	Dosage	Instructions
<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue <input type="checkbox"/> Start	See Instructions	See Instructions	Discontinue Trazodone 100 mg QHS PO Buspar 30 mg BID PO Effexor XR 225 mg QHS PO Prazosin 2 mg QHS PO
	Script/order		Use Stock
	<input checked="" type="checkbox"/> Written <input type="checkbox"/> T.O./Verbal or faxed to:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Medication	Dosage	Instructions
<input type="checkbox"/> Discontinue <input type="checkbox"/> Start	See Instructions	See Instructions	Benadryl 50 mg QHS PO
	Script/order		Use Stock
	<input checked="" type="checkbox"/> Written <input type="checkbox"/> T.O./Verbal or faxed to:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Next Appointment Date: 30 days End Time: 8:25

Evaluation completed by:

<u>Felix Rodriguez</u>	<u>MD</u>	<u>9.5.18</u>	<u>Felix Rodriguez</u>
<u>Print Name</u>	<u>Title</u>	<u>Date</u>	<u>Signature</u>

Psychiatric Diagnostic Evaluation

Date: August 25, 2017

Facility Lawrence Correctional Center

Offender Name:

Last, First Orozco, Pedro

ID Number: K58570

D.O.B. _____

Children(#): 1	Ages of children: 23		
Was the offender a member of the military service? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Was the offender in a combat situation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Type of discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Medical <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other (explain): _____			
Has the offender ever received SSI/SSDI? Yes <input type="checkbox"/> No <input type="checkbox"/> (self report) <input type="checkbox"/> (supportive documentation) <input type="checkbox"/>			
Does the offender have a history of abuse? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
If yes, identify type: Physical <input checked="" type="checkbox"/> Emotional <input checked="" type="checkbox"/> Sexual <input checked="" type="checkbox"/> Other: <input type="checkbox"/>			
Explain childhood by family			
Does the offender have a history of domestic violence? No <input checked="" type="checkbox"/> Yes (identify) <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/>			
10. PSYCHIATRIC SYMPTOMS	CURRENT	PAST	COMMENTS
Anxiety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	
Sleep disturbance	<input type="checkbox"/>	<input type="checkbox"/>	
Restlessness	<input type="checkbox"/>	<input type="checkbox"/>	
Irritability	<input type="checkbox"/>	<input type="checkbox"/>	
any physical complaints (specify in comments)	<input type="checkbox"/>	<input type="checkbox"/>	
Phobias (specify in comments)	<input type="checkbox"/>	<input type="checkbox"/>	
Panic Attacks	<input type="checkbox"/>	<input type="checkbox"/>	
Depression			
▲ or ▼ appetite, weight	<input type="checkbox"/>	<input type="checkbox"/>	
↑ or ↓ sleep	<input type="checkbox"/>	<input type="checkbox"/>	
↓ energy	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of interest in pleasurable activities (specify in comments)	<input type="checkbox"/>	<input type="checkbox"/>	
Low self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	
Poor concentration	<input type="checkbox"/>	<input type="checkbox"/>	
Memory impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Depressed mood	<input type="checkbox"/>	<input type="checkbox"/>	
Crying a lot	<input type="checkbox"/>	<input type="checkbox"/>	
Hopelessness, helplessness	<input type="checkbox"/>	<input type="checkbox"/>	
Feelings of excessive guilt	<input type="checkbox"/>	<input type="checkbox"/>	
Mania			
Elevated self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	
▲ Irritability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Distractability	<input type="checkbox"/>	<input type="checkbox"/>	
↑ Need for sleep	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Racing thoughts	<input type="checkbox"/>	<input type="checkbox"/>	

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Illinois Department of Corrections

Psychiatric Progress Note

Date: October 9, 2018

Offender Name:

Last, First, M.I. Orozco, Pedro

Facility LAW

ID Number: K58570

D.O.B.: 1/27/1978

Medication (name, dose, schedule)	Effectiveness	Compliance
<input type="checkbox"/> EPS <input type="checkbox"/> TD <input checked="" type="checkbox"/> None <input type="checkbox"/> Other:	Explain	
Side-effects	Explain	

If offender is receiving neuroleptic medication, AIMS due at start and every 3-6 months thereafter. If offender is receiving 2nd generation neuroleptic, then metabolic monitoring is required. This includes personal, family Hx, BMI, waist circumference, BP, fasting plasma glucose, fasting lipid profile initially and at recommended time intervals per recommended psychiatric literature guidelines. Lithium, valproate, carbamazepine all require baseline laboratory evaluations and regular laboratory monitoring per recommended psychiatric literature guidelines. Periodic blood pressure & pulse monitoring recommended for SNRI's.

6. Medical/Mental Health – Female Specific: Not Applicable

7. Mental Status Examination

Posture/Gait:	<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Slumped	<input type="checkbox"/> Tense	<input type="checkbox"/> Atypical	<input type="checkbox"/> Rigid
Behavior:	<input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Tensed muscles <input type="checkbox"/> Psychomotor retardation	<input type="checkbox"/> Poor physical boundaries <input type="checkbox"/> Closed body posture <input type="checkbox"/> Psychomotor agitation	<input type="checkbox"/> Posturing aggressively <input type="checkbox"/> Guarded/protective posturing			
Eye contact:	<input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Timid	<input type="checkbox"/> Avoids eye contact <input type="checkbox"/> Unfocused	<input type="checkbox"/> Looks down in his/her lap <input type="checkbox"/> Appropriate			
Level of Appearance:	<input checked="" type="checkbox"/> Appropriately Groomed	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Poor Hygiene	<input type="checkbox"/> Malodorous		
Level of consciousness:	<input checked="" type="checkbox"/> Alert	<input type="checkbox"/> Clouded consciousness	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Delirious	<input type="checkbox"/> Somnolent	
Level of Cooperation:	<input checked="" type="checkbox"/> Cooperative	<input type="checkbox"/> Guarded/Suspicious	<input type="checkbox"/> Hostile	<input type="checkbox"/> Uncooperative		
Orientation:	<input checked="" type="checkbox"/> OX4 (Time, place, person, reality)	<input type="checkbox"/> OX _____	(list): _____	<input type="checkbox"/> Disoriented		
Attention:	<input checked="" type="checkbox"/> Appropriately focused	<input type="checkbox"/> Selective attention/inattention	<input type="checkbox"/> Distractible	<input type="checkbox"/> Unaware		
Speech:	<input checked="" type="checkbox"/> Unremarkable	<input type="checkbox"/> Slowed	<input type="checkbox"/> Rapid	<input type="checkbox"/> Inarticulate	<input type="checkbox"/> Pressured	
In tone:	<input checked="" type="checkbox"/> Unremarkable	<input type="checkbox"/> Irritability	<input type="checkbox"/> Terse	<input type="checkbox"/> Impatience	<input type="checkbox"/> Flatted tone	
Thought Processes:	<input checked="" type="checkbox"/> Clear/Coherent <input type="checkbox"/> Loose Association	<input type="checkbox"/> Circumstantial <input type="checkbox"/> Word Salad/Incoherent	<input type="checkbox"/> Disorganized	<input type="checkbox"/> Tangential		
Explain:						
Thought content:	<input checked="" type="checkbox"/> Unremarkable	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Delusional	<input type="checkbox"/> Excessive religiosity	<input type="checkbox"/> Referential	
Explain:						
Perceptions:	<input type="checkbox"/> Hallucination	<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual	<input type="checkbox"/> Olfactory	<input type="checkbox"/> Somatic	<input type="checkbox"/> Illusions
Explain:						
Denies perceptual disturbance						



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cdmoran@carlsondash.com

PRIVILEGED AND CONFIDENTIAL

November 9, 2018

VIA FIRST CLASS MAIL

Pedro Orozco
IDOC #K-58570
10930 Lawrence Road
Sumner, IL 62466

Re: Your Issues with the Illinois Department of Corrections

Dear Mr. Orozco,

I received from you an envelope and your letter requesting us to represent you with respect to some issues you are having with the Illinois Department of Corrections.

My law practice concentrates in the area of employment law and commercial litigation. My practice does not include claims against the IDOC. I was appointed by the Federal Court to represent Mr. LaRumbe. Because my firm is relatively small and focused on areas of law unrelated to your claims against IDOC, I am unable to devote additional resources to assisting you. I am sorry that we are not able to assist you. I wish you the best of luck.

Best Regards,

A handwritten signature in black ink that reads "C. Douglas Moran".

C. Douglas Moran

CDM/kn

BRUGGEMAN, HURST & ASSOCIATES, PC

ATTORNEYS AT LAW

20012 WOLF ROAD
SUITE 200
MOKENA, ILLINOIS 60448
PHONE: (708) 478-6900
FAX: (708) 478-6911

ALAN R. BRUGGEMAN
DAVID C. HURST

JEANETTE M. RIEL
(1960-2007)

November 12, 2019

MICHAEL G. BOUCK
BENJAMIN J. PAVUR

LEGAL MAIL

Mr. Pedro R. Orozco # 58570
P.O. Box 549
Lincoln, Illinois 62656

Re 18CV2409
18CV1938

Dear Mr. Orozco:

Thank you for your letter of November 7, 2019 responding to our correspondence of October 29, 2019.

We are not interested in handling your deliberate indifference case. The cost in time and money is not justified by the probable outcome.

We might be interested in handling your excessive force case if you were realistic about settlement, and if there was video evidence of the officer beating you. According to you, the beating occurred in an area of the jail where there was no camera coverage. This means that it is your word against the officer's. In Federal Court, that is not a recipe for success. Moreover, even the best excessive force cases do not settle in the six or seven figure range. Based on your expectations, you should prepare your cases for trial.

Thank you for allowing us the opportunity to review your cases, but we are declining both representations.

Very truly yours,



David C. Hurst

DCH:jmc

#13

LOEJV & LOEJV

311 N. Aberdeen St., 3rd Floor, Chicago, Illinois 60607

August 28, 2018

CONFIDENTIAL LEGAL CORRESPONDENCE

Via U.S. Mail
Pedro Orozco
K58570
Lawrence Correctional Center
10930 Lawrence Road
Sumner, IL 62466

Re: Your request for legal representation

To Pedro Orozco:

This letter is to inform you that after reviewing your file, we are unfortunately unable to take your case.

Please be advised that there are time limitations that govern the period in which a claim or lawsuit may be filed. Such time periods depend on the cause of action you may wish to pursue. However, we encourage you to follow up with other attorneys immediately to ensure that all legal rights are fully explored and protected.

We appreciate your decision to contact us, and wish you the best of luck in pursuing your claims.

Sincerely,

Loevy & Loevy

#14

—LAW OFFICES—
KENNETH N. FLAXMAN P.C.

August 13, 2018

Pedro Orozco
K58570
10930 Lawrence Road
Sumner, IL 62466

Re: Your Recent Letter

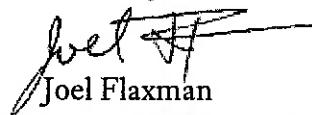
Dear Mr. Orozco:

Thank you for your letter. Unfortunately, my firm is too busy to represent you. This is not because your claims lack merit, but rather because we are completely overloaded with other work.

If you ask a court to recruit a lawyer for you, you may submit this letter to the court to demonstrate that you have tried to get a lawyer yourself.

Good luck to you.

Sincerely,



Joel Flaxman

Kenneth N. Flaxman (312) 253-7189 knf@kenlaw.com

Joel A. Flaxman (312) 253-7207 jaf@kenlaw.com

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